

**Campbell County Department of Housing  
1010 Monmouth Street  
Newport, KY 41071  
(859) 261-5200**

**Pre-Application Process for Pendleton County**

**THIS OFFICE ONLY ACCEPTS AND PROCESSES COMPLETE APPLICATIONS. IF YOU ARE MISSING ANY PART OF YOUR APPLICATION, YOU WILL BE DENIED UNTIL MISSING SECTIONS ARE AVAILABLE.**

You can pick up a pre-application in Pendleton County beginning **Monday, January 9<sup>th</sup> from 1:00 – 4:00 p.m.** at the Pendleton County Courthouse, Community Room, Falmouth, KY or at the Campbell County Department of Housing beginning at 8:30 a.m. or the web site at [www.campbellcountky.org](http://www.campbellcountky.org) (housing page). We will be accepting **COMPLETED** pre-applications **by appointment only beginning the 3<sup>rd</sup> Monday in January** (January 16<sup>th</sup>), if you wish to return your application to the Pendleton County Office. Please call Pamela Doyle at 859-261-5200 to schedule an appointment. You may also return the completed application to the Campbell County Department of Housing on Tuesdays, Wednesdays or Fridays from 9 a.m. until 11:00 a.m. located at 1010 Monmouth Street, Newport, KY 41071.

**OUR OFFICE DOES NOT ACCEPT APPLICATIONS BY MAIL**

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**CRIMINAL RECORDS:**

Under authority of the Campbell County Administrative Plan, the Campbell County Department of Housing must obtain Criminal Records for all applicants over the age of 18, including live-in aides, applying for the Section 8 Housing Program.

Campbell County Department of Housing will perform these background checks.

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**ITEMS NEEDED WITH COMPLETED APPLICATION**  
**(PLEASE BRING ALL THAT APPLY):**

1. Verification of income: (4) recent original check stubs, recent Social Security Notice, Pension benefits letter, K-Tap verification, Unemployment Notice, Food Stamps, Healthcare, Child Support Verification, etc.
2. Letter from employer stating start date, hourly rate, and hours worked per week.
3. Four recent bank statements
4. Verification of your current address
5. Social Security cards for all household members
6. Birth certificates for all children UNDER 18
7. Driver's License or State Photo ID for all adult members (18 or older)
8. Legal separation papers or divorce decree

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**APPLICATION PROCESS**

***Local preference will be given to families that include a person with disabilities and to single applicant households aged 62 or older; all other applicants will be ranked by date and time that the completed application is received.***

You will be notified when your name comes to the top of the waiting list by mail. **It is YOUR responsibility to make our office aware of any changes to your information you might have once you have applied.** If you move, change your phone number, persons move in or out of your home, or your income changes, you will need to come into our office to UPDATE your application. Please give any correspondence received from this office your prompt attention.

## SECTION 8 APPLICATION FOR ADMISSION

INITIAL APPLICATION INFORMATION	APPLICANT (HEAD OF HOUSE)
DATE OF APPLICATION: _____ TIME OF APPLICATION: _____ HOUSING DISPLACEMENT DUE TO GOVERNMENT: ____ YES      ____ NO CITY WHERE APPLICATION TAKEN: <u>NEWPORT</u> STATE: <u>KY</u> ZIP: <u>41071</u>	NAME: _____ PRESENT ADDRESS: _____ _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) _____ HOW LONG AT THIS ADDRESS? _____ IS THE LEASE IN YOUR NAME? _____

CURRENT LANDLORD NAME: \_\_\_\_\_ LANDLORD PHONE: (\_\_\_\_) \_\_\_\_\_  
 CURRENT LANDLORD ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHECK ALL THAT APPLY (VOLUNTARY INFORMATION)	THE FOLLOWING INFORMATION IS VOLUNTARY AND MUST BE ASKED OF ALL APPLICANTS (IMPORTANT)
HEAD OF HOUSE: ____ WHITE    ____ AFRICAN AMERICAN ____ AMERICAN INDIAN OR ALASKAN NATIVE ____ FEMALE HEAD OF HOUSE ____ VETERAN HEAD OF HOUSE	DOES ANY MEMBER OF YOUR FAMILY REQUIRE A HANDICAP ACCESSIBLE UNIT OR ANY OTHER HANDICAP ACCOMMODATIONS? ____ YES ____ NO EXPLAIN: _____ _____

NO.	PERSONS TO RESIDE IN UNIT	RELATIONSHIP	SEX M/F	BIRTH DATE	SS NUMBER	LEGAL CITIZEN ?
<b>ADULTS (LEGAL NAMES)</b>						
1		HEAD OF HOUSE				
2		CO-HEAD/ SPOUSE				
3						
<b>CHILDREN (LEGAL NAMES)</b>						
4						
5						
6						
7						
8						
9						

1. HAVE YOU OR ANY ADULT MEMBERS EVER USED ANY NAME(S) OR SOCIAL SECURITY NUMBER(S) OTHER THAN THE ONE YOU ARE CURRENTLY USING? \_\_\_\_ YES \_\_\_\_ NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_
2. DO YOU ANTICIPATE ANY CHANGES IN YOUR FAMILY COMPOSITION? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_
3. WIFE'S MAIDEN NAME: \_\_\_\_\_
4. NAME OF FORMER WIFE OR HUSBAND: \_\_\_\_\_  
SEPARATION DATE: \_\_\_\_\_ DIVORCED DATE: \_\_\_\_\_ DECEASED DATE: \_\_\_\_\_
5. ABSENT PARENT(S) OF DEPENDENT CHILD:  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

(PLEASE SUBMIT COPIES OF SEPARATION OR DIVORCE PAPERS WITH THIS APPLICATION)

IN CASE WE HAVE PROBLEMS CONTACTING YOU, LIST THE NAMES OF TWO RELATIVES OR FRIENDS & DAYTIME #:

1. NAME: \_\_\_\_\_ PHONE: (\_\_\_\_)\_\_\_\_\_ RELATION: \_\_\_\_\_  
2. NAME: \_\_\_\_\_ PHONE: (\_\_\_\_)\_\_\_\_\_ RELATION: \_\_\_\_\_

ARE YOU OR A CURRENT FAMILY MEMBER NOW LIVING IN FEDERALLY SUBSIDIZED HOUSING? \_\_\_\_YES \_\_\_\_NO

DO YOU CURRENTLY OWE ANY BACK RENT OR DAMAGES TO ANY PUBLIC HOUSING OR SECTION 8 AGENCIES?  
\_\_\_\_YES \_\_\_\_NO AMOUNTS: \$ \_\_\_\_\_

HAVE YOU EVER LIVED IN PUBLIC HOUSING: \_\_\_\_YES \_\_\_\_NO IF YES, WHERE? \_\_\_\_\_

HAVE YOU EVER PARTICIPATED IN THE CERTIFICATE OR VOUCHER PROGRAM? \_\_\_\_YES \_\_\_\_NO  
IF YES, ENTER DATES OF OCCUPANCY: \_\_\_\_\_

CURRENT RENT: \$ \_\_\_\_\_ INCLUDES UTILITIES? \_\_\_\_YES \_\_\_\_NO IF YOU PAY UTILITIES, ARE  
THEY IN YOUR NAME? \_\_\_\_YES \_\_\_\_NO IF NOT, CAN YOU GET SERVICE OR DO YOU HAVE AND OUTSTANDING  
BILL? \_\_\_\_\_

**HOUSEHOLD INCOME:**

FOR EACH FAMILY MEMBER (WHERE APPLICABLE), SHOW SOURCE AND ANTICIPATED INCOME AS INDICATED.  
(LIST ALL INCOME SOURCES FOR VERIFICATION DURING THE ADMISSIONS PROCESS)

**EMPLOYMENT/ SCHOOL ATTENDING:**

FAMILY MEM. NO.	EMPLOYER	HOURLY RATE	HOURS WORKED	PAY DATES WKLY / BI- WKLY	PART TIME / FULL TIME	START DATE
FAMILY MEM. NO.	CURRENT SCHOOL ATTENDING (ADULTS)	ADDRESS				START DATE

1. DOES ANY FAMILY MEMBER WORK FOR SOMEONE WHO PAYS HIM OR HER CASH? \_\_\_\_YES \_\_\_\_NO  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

2. HAVE YOU OR ANY OTHER FAMILY MEMBER RECEIVED ANY LUMP SUM PAYMENTS IN THE PAST TWO YEARS?  
\_\_\_\_YES \_\_\_\_NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**FAMILY  
MEM. NO.**

☐ NAME OF EMPLOYER: \_\_\_\_\_ PHONE: (\_\_\_\_)\_\_\_\_\_  
ADDRESS: \_\_\_\_\_

☐ NAME OF EMPLOYER: \_\_\_\_\_ PHONE: (\_\_\_\_)\_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**THE FOLLOWING INFORMATION ON DISABILITY IS VOLUNTARY**

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD QUALIFY FOR DISABILITY UNDER SECTION 504 OF THE  
REHABILITATION ACT OF 1973 OR THE FEDERAL FAIR HOUSING ACT AS AMENDED IN 1988 AND THE AMERICANS  
WITH DISABILITIES ACT? \_\_\_\_YES \_\_\_\_NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE ANY HOUSEHOLD MEMBERS APPLIED OR HAVE AN APPEAL IN PROCESS FOR DISABILITY?  
\_\_\_\_YES \_\_\_\_NO IF YES, WHO? \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

**INCOME / BENEFIT SOURCES:**

LIST ALL INCOME SOURCES FOR VERIFICATION DURING THE ADMISSIONS PROCESS.  
FILL IN THE MONTHLY AND WEEKLY DOLLAR AMOUNT IN EACH COLUMN SOURCE.

FAMILY MEM. NO.		CHILD SUPPORT	VETERANS	SSI	SS	UNEMPLOYMENT	KTAP	FOOD STAMPS	ANTICIPATED NEXT 12 MONTHS
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	

IF YOU HAVE ANY OTHER INCOME SOURCES NOT LISTED ABOVE, PLEASE LIST THEM HERE: \_\_\_\_\_

**ASSETS:**

**FAMILY MEM. NO.**

☐

CHECKING ACCOUNT \$: \_\_\_\_\_ BANK NAME: \_\_\_\_\_  
ACCT#: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
SAVINGS ACCOUNT \$: \_\_\_\_\_ BANK NAME: \_\_\_\_\_  
ACCT#: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
OTHER \$: \_\_\_\_\_ SOURCE: \_\_\_\_\_  
IS CHECKING ACCT INTEREST BEARING? \_\_\_\_YES \_\_\_\_NO

☐

CHECKING ACCOUNT \$: \_\_\_\_\_ BANK NAME: \_\_\_\_\_  
ACCT#: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
SAVINGS ACCOUNT \$: \_\_\_\_\_ BANK NAME: \_\_\_\_\_  
ACCT#: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
OTHER \$: \_\_\_\_\_ SOURCE: \_\_\_\_\_  
IS CHECKING ACCT INTEREST BEARING? \_\_\_\_YES \_\_\_\_NO

**OTHER ASSETS:**

DOES ANY MEMBER OF YOUR HOUSEHOLD OWN A HOME OR OTHER REAL ESTATE? \_\_\_\_YES \_\_\_\_NO  
ADDRESS / LOCATION: \_\_\_\_\_

HAS ANY MEMBER OF YOUR FAMILY SOLD OR GIVEN AWAY ANY REAL ESTATE IN THE PAST TWO YEARS?  
\_\_\_\_YES \_\_\_\_NO IF YES, WHAT IS THE CURRENT MARKET VALUE? \_\_\_\_\_

PHYSICAL LOCATION OF PROPERTY: \_\_\_\_\_

DO YOU OR ANY HOUSEHOLD MEMBER OWN A CAR? \_\_\_\_YES \_\_\_\_NO

OWNER? \_\_\_\_\_ MODEL: \_\_\_\_\_ AMT OWED: \_\_\_\_\_ TAG #: \_\_\_\_\_  
OWNER? \_\_\_\_\_ MODEL: \_\_\_\_\_ AMT OWED: \_\_\_\_\_ TAG #: \_\_\_\_\_

DOES ANY FAMILY MEMBER HAVE OR RECEIVE BENEFITS FROM AN ANNUITY OR OTHER RETIREMENT SOURCE?  
\_\_\_\_YES \_\_\_\_NO MONTHLY BENEFIT AMOUNT (GROSS): \$\_\_\_\_\_ SOURCE: \_\_\_\_\_  
HEALTH INSURANCE DEDUCTED? \_\_\_\_YES \_\_\_\_NO AMOUNT: \$\_\_\_\_\_

DOES ANY FAMILY MEMBER HAVE OR RECEIVE INCOME FROM CD'S, STOCKS, BONDS, OR OTHER  
INVESTMENTS? \_\_\_\_YES \_\_\_\_NO IF YES, EXPLAIN: \_\_\_\_\_  
MONTHLY AMOUNT: \$\_\_\_\_\_ FINANCIAL INSTITUTION: \_\_\_\_\_

**DRUG AND CRIMINAL ACTIVITY:**

**FEDERAL REGULATIONS REQUIRES HOUSING AGENCIES TO QUESTION APPLICANTS AND PARTICIPANTS CONCERNING DRUG RELATED OR VIOLENT CRIMINAL ACTIVITIES.**

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN ARRESTED, CHARGED, OR CONVICTED OF ANY DRUG OR ALCOHOL RELATED OR VIOLENT CRIMINAL ACTIVITY IN THE PAST 5 YEARS PRIOR TO DATE OF THIS APPLICATION?

\_\_\_\_YES \_\_\_\_NO IF YES, EXPLAIN: \_\_\_\_\_

PROBATION OR PAROLE OFFICER NAME: \_\_\_\_\_ PHONE: (\_\_\_\_)\_\_\_\_\_

IS THE HOUSEHOLD MEMBER SEEKING REHABILITATION SERVICES FOR THE ABOVE NAMED ACTIVITY?

\_\_\_\_YES \_\_\_\_NO IF YES, GIVE THE NAME AND ADDRESS OF REHABILITATION CENTER: \_\_\_\_\_

IS ANY MEMBER OF YOUR HOUSEHOLD REGISTERED AS A SEX OFFENDER? \_\_\_\_YES \_\_\_\_NO

HAS ANYONE IN THE HOUSEHOLD BEEN EVICTED FROM PUBLIC HOUSING OR SECTION 8 HOUSING FOR ANY REASON INCLUDING DRUG OR OTHER CRIMINAL ACTIVITY? \_\_\_\_YES \_\_\_\_NO IF YES, NAME OF AGENCY AND ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_)\_\_\_\_\_ DATE OF EVICTION: \_\_\_\_\_

**APPLICANT CERTIFICATION:**

**I / WE CERTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I / WE UNDERSTAND ANY ATTEMPT TO OBTAIN SECTION 8 HOUSING, ANY RENT SUBSIDY OR RENT REDUCTION BY PROVIDING FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD (AND ANY ACT OF ASSISTANCE TO SUCH ATTEMPT) IS A CRIME UNDER FEDERAL LAW. I / WE ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY FAMILY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THE SECTION 8 AGENCY IN WRITING WITHIN 10 DAYS FROM THE DATE OF THE CHANGE.**

\_\_\_\_\_  
HEAD OF HOUSEHOLD DATE

\_\_\_\_\_  
SPOUSE CO-HEAD DATE

\_\_\_\_\_  
AGENCY REPRESENTATIVE DATE

\_\_\_\_\_  
OTHER HOUSEHOLD MEMBERS DATE  
18 AND OVER

# **APPLICANT STATEMENT**

## **Giving True and Complete Information**

I have reviewed the application form and certify that all the information is accurate and complete to the best of my knowledge.

## **Reporting Changes in Income**

I know I am required to report changes to the Campbell County Department of Housing (CCDH) within 10 days, and follow up on all changes. Income includes any money and/or regular gifts or contributions (monetary or non-monetary) received by all household members.

## **Reporting Changes in Household Composition**

I understand that the only people to be residing in my unit are those listed on my application. I am aware that if someone wants to be removed from my application, I must report that to the CCDH within 10 days of the change.

## **Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit and fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease, or was evicted due to violent criminal activity, drug related criminal activity, or alcohol abuse.

## **No Duplicate Residence Assistance**

I certify that the unit will be my principal residence and I will not obtain duplicate Federal housing assistance. I do not own or have any interest in the unit, and will not sublease it.

## **Cooperation**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes keeping appointments and completing and signing needed forms. I understand failure or refusal to do so may result in delays and/or termination of my application.

## **Criminal Activity**

I will not engage in drug related criminal activity, violent criminal activity or alcohol abuse. I understand that my application will be terminated if there is evidence of drug related criminal activity or violent criminal activity or alcohol abuse by myself or any family member listed on this application.

## **Criminal and Administrative Actions for False Information**

I understand that knowingly supplying false or incomplete information is punishable under Federal and State criminal law and is grounds for termination of housing assistance.

## **FAILURE TO ABIDE BY THESE RULES WILL RESULT IN TERMINATION OF APPLICATION**

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SIGNATURE

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DATE

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SIGNATURE

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DATE

Warning: Title 18 US Code Section 1001 stated that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. State laws may also provide penalties for false or fraudulent statements.

**THIS SECTION FOR OFFICE USE ONLY**  
ANNUAL / MONTHLY INCOME SUMMARY & PAYMENT (ESTIMATES)

	ANNUAL	MONTHLY
GROSS INCOME ESTIMATED (UNVERIFIED):	_____	_____
MEDICAL ALLOWANCES = ELIGIBLE FAMILIES:	_____	_____
ELDERLY OR DISABLED ALLOWANCE \$400.00:	_____	_____
MINOR CHILDREN ALLOWANCE \$480.00 X _____:	_____	_____
CHILDCARE FOR CHILDREN UNDER 12:	_____	_____
\$ _____ X \$ _____ =	_____	_____
*ADJUSTED INCOME:	_____	* _____

**TOTAL TENANT PAYMENT**

30% OF MONTHLY ADJ INCOME \_\_\_\_\_ (A)

10% OF MONTHLY GROSS INCOME \_\_\_\_\_ (B)

TOTAL TTP (LARGER OF (A OR B) \_\_\_\_\_ (C)

PHA MIN RENT (IF APPLICABLE) \_\_\_\_\_

**MAXIMUM INITIAL RENT BURDEN**

NUMBER OF BEDROOMS \_\_\_\_\_

PAYMENT STANDARD \_\_\_\_\_

TOTAL TENANT PAYMENT (TTP) (FROM C) \_\_\_\_\_

40% OF MONTHLY ADJ INCOME \_\_\_\_\_ (D)

(FAMILY TOTAL HOUSING COST LIMIT)

LESS MAXIMUM SUBSIDY \_\_\_\_\_

EQUALS MAX GROSS RENT FOR FAMILY \_\_\_\_\_

**MAXIMUM SUBSIDY**

PAYMENT STD \_\_\_\_\_

MINUS TTP (C) \_\_\_\_\_

EQUALS MAX SUBSIDY \_\_\_\_\_

INCOME CODE: \_\_\_\_EL \_\_\_\_VL \_\_\_\_L

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

\_\_\_\_C \_\_\_\_P BR SIZE: \_\_\_\_\_

**PREFERENCES:**

\_\_\_\_/\_\_\_\_  
ELD / DIS      FAMILY      RENT BUR.

\_\_\_\_\_  
WORKING      RESIDENT      HOMELESS

\_\_\_\_\_  
CROWDED      SUBSTAND      W/O HOUS.

\_\_\_\_\_  
NAT. DIS.      DISP. GOV.      DOM. VIOL.

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE STAFF SIGNATURE:**

\_\_\_\_\_

DATE \_\_\_\_\_

☐ Employment  
☐ Criminal Investigation  
☒ Screening for Housing  
☐ Volunteer/Care over juveniles



## Section 8 HUD References Pertaining to Criminal Background Checks

**Under the authority of CFR 982.55 part 5, subpart J and page 21, section F of the Campbell County Department of Housing Administrative Plan, the Campbell County Department of Housing must obtain Criminal Records for all applicants applying for the Section 8 Housing Program and currant residents.**

**Section F of Campbell County Department of Housing Administrative Plan: Suitability for tenancy:**

**The Campbell County Department of Housing determines eligibility for participation and will also conduct criminal background checks on all adult household members, including live-in aides. The Campbell County Department of Housing will deny assistance to a family because of drug-related criminal activity or violent criminal activity by family members. This check will be made through state or local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last five (5) years. If the individual has lived outside the local area the Campbell County Department of Housing may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC).**

**I, \_\_\_\_\_ give my consent to The Campbell County Department of Housing to obtain information regarding my criminal record.**

**Date: \_\_\_\_\_**

**Witness: \_\_\_\_\_**

## SECTION 8 PARTICIPANT/APPLICANT DRUG FREE, VIOLENT CRIMINAL ACTIVITY AND ALCOHOL ABUSE CERTIFICATION

We, the undersigned, do hereby certify that neither the head of household nor any other member of the family, within the last five years, has engaged in any drug related criminal activity to be described as follows:

The term "drug-related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in section 102 of the controlled substances act (21 U.S.C. 802), or of any other illicit drug.

The housing authority will terminate the lease in accordance with the above provisions for criminal activity by the resident or any member of the resident's household, whether such activity occurs in the development where the resident's dwelling is located, or off the premises of the federal funded unit.

Should the head of household or any other member of his family engage in Violent Criminal Activity, the family shall be deemed ineligible to participate in the Section 8 Housing Assistance Program. Violent Criminal Activity includes any felonious criminal activity that has as one of its elements, the use, attempted use, or threatened use of physical force against the person or property of another. The agency may permit family members not involved in the proscribed activities to continue receiving assistance on the condition that family members determined to have engaged in the proscribed activities will not reside in the unit.

We further understand that the housing authority shall use the "Preponderance of Evidence" standard in making its decisions to deny or terminate assistance relative to **DRUG-RELATED CRIMINAL ACTIVITY, VIOLENT CRIMINAL ACTIVITY AND ALCOHOL ABUSE**. Preponderance of evidence is defined as evidence which is of a greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not.

The housing authority will terminate the tenancy of any person if the housing authority determines that the person's abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premise of other residents.

We also understand that if we are denied assistance we have the right to an informal review or hearing. Rules governing the hearing process as well as the authority for this policy are contained in the section 8 administrative plan and based on the following federal regulations:

24 CFR 982.551 - OBLIGATIONS OF FAMILY

24 CFR 982.551 - GROUNDS FOR DENIAL OR TERMINATION OF ASSISTANCE

24 CFR 982.554 & 5 - INFORMAL REVIEW OR HEARING

Copies of the section 8 administrative plan and all of the above are available from the PHA upon request.

Signature of all PHA participants age 18 and older:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

date \_\_\_\_\_

Created on 7/1/2003 3:17 PM

*this document is binding on all family members regardless of whether they have signed this document.*

**CAMPBELL COUNTY DEPARTMENT OF HOUSING  
515 MONMOUTH STREET, SUITE 302  
NEWPORT, KY 41071  
(859) 261-5200 FAX: (859) 261-0577**

**BACKGROUND HISTORY/PREVIOUS RENTAL INFORMATION**

By signing below, I/We hereby authorize the release of information pertaining to my background history and previous rental information to the Campbell County Department of Housing to be used to determine eligibility for low income housing.

*Everyone over 18 in your household must sign this form*

\_\_\_\_\_  
Head of Household                      Date

\_\_\_\_\_  
Other Household Member              Date

\_\_\_\_\_  
Other Household Member              Date

\_\_\_\_\_  
Other Household Member              Date

# **HEARING INFORMATION**

**SHOULD YOU REQUEST AN INFORMAL REVIEW OR HEARING YOU MUST DO SO IN WRITING WITHIN 10 DAYS FROM THE DATE ON THE NOTICE INDICATING YOU HAVE THE RIGHT TO REQUEST AN INFORMAL REVIEW OR HEARING**

*With the exception of decisions related to restrictions on non-citizens, an informal review is for program applicants and an informal hearing is for program participants. Decisions related to restrictions on assistance to non-citizens always require an informal hearing regardless of whether the family is an applicant or participant.*

CAMPBELL COUNTY DEPARTMENT OF HOUSING IS NOT REQUIRED TO CONDUCT AN INFORMAL REVIEW/HEARING TO RECONSIDER EVERY ACTION OR DECISION MADE BY THE HOUSING AUTHORITY.

AN INFORMAL REVIEW IS **NOT** REQUIRED FOR DECISIONS CONCERNING:

- Determination of unit size under CCDH subsidy standards;
- Determination that a unit does not comply with Housing Quality Standards;
- Denial of a request to extend or suspend a voucher term;
- General policy issues or class grievances;
- Discretionary administrative determinations by CCDH (i.e. removal of application for failure to return purge information or keep pre-application updated); and
- CCDH refusal to grant approval of tenancy.

IN ALL OTHER CIRCUMSTANCES CCDH WILL GIVE A PROGRAM APPLICANT AN OPPORTUNITY FOR AN INFORMAL REVIEW OF A DECISION IF REQUESTED BY THE APPLICANT.

AN INFORMAL HEARING IS **NOT** REQUIRED FOR THE FOLLOWING:

- Determination that a unit does not comply with Housing Quality Standards
- Refusal to extend or suspend a voucher term;
- Discretionary administrative determinations by CCDH;
- General policy issues or class grievances;
- How CCDH established its utility allowance schedule;
- CCDH refusal to approve a unit or tenancy;
- Determination that a unit does not meet housing quality standards due to family size or change in composition; and
- A determination to exercise or not exercise any rights or remedy against the owner.

CCDH DECISIONS REGARDING THE FOLLOWING DETERMINATIONS REQUIRE THAT A PROGRAM PARTICIPANT BE GIVEN AN OPPORTUNITY TO REQUEST AND INFORMAL HEARING.

- Determination of the family's annual or adjusted income;
- Calculation of total tenant payment;
- Determination of appropriate utility allowance from CCDH utility allowance schedule;
- Termination of assistance;
- Determination of unit size for participants un CCDH subsidy standards; and
- Denial of hardship exemption to the minimum rent requirement.

SIGNATURE OF HEAD OF HOUSEHOLD:\_\_\_\_\_ DATE:\_\_\_\_\_

SIGNATURE OF ALL OTHER HOUSEHOLD MEMBERS AGE 18 OR OLDER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_